First Encounters

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What does a new and deadly epidemic look like? The first two AIDS patients admitted to the NIH research hospital arrived six months apart–in June 1981 and in January 1982–but many more filled beds soon thereafter. In the early years, Dr. Anthony S. Fauci of the National Institute of Allergy and Infectious Diseases recalls, it “was like living in an intensive care unit all day long.” The patients were very sick, and despite the best efforts of NIH’s dedicated doctors and nurses, most patients eventually died. There was much to learn about the new disease and much to learn about the community hard-hit by the first wave of the epidemic, gay men. NIH physician-scientists, intellectually and emotionally challenged by this disease that ravaged the immune system, spent long hours conducting studies to better understand the illness and devise ways to treat it. Nurses took on new roles, gathering data for the studies and educating their colleagues nationwide. Everyone agreed that the best way to protect themselves against the unknown disease was by sharing information as soon as it became available. The NIH health care team wanted to make a difference in the lives of their patients and, through their research, to all AIDS patients worldwide.

> *...I would talk to them [the patients] about*
> *... “What do you want nurses to think about when they take care of you?” They would say, “The most important thing that you can do is not to judge me.”*
>
> - *— Dr. Christine Grady*

Dr. Christine Grady Transcript

> *It was mind-boggling, looking at how immunodeficient these patients were…*
>
> - *— Dr. H. Clifford Lane*

Dr. H. Clifford Lane Transcript

> *…we received a referral to the NIH, in June of 1981, of a patient D who…turned out to be the first patient seen at NIH with AIDS.*
>
> - *— Dr. Thomas Waldmann*

Dr. Thomas Waldmann Transcript

> *I don’t remember the exact date when the first [NIAID] patient got admitted, but I do recall there was a snowstorm, and NIH was closed.*
>
> - *— Dr. Jack Whitescarver*

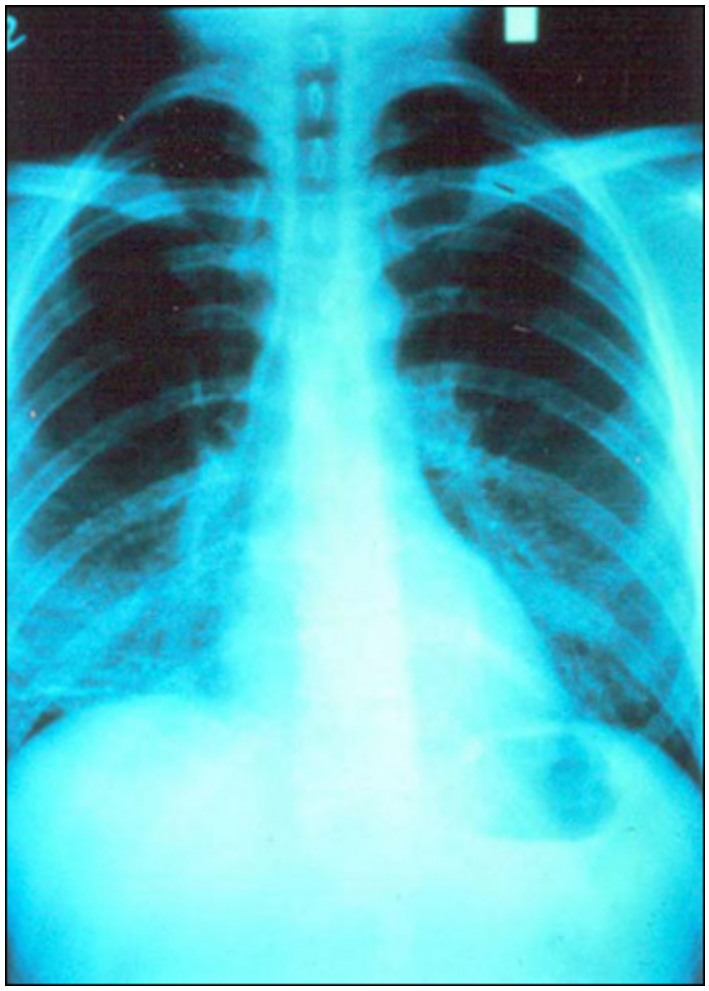
Dr. Jack Whitescarver Transcript

> *…when I moved into my house, a neighbor came up and…said, “Welcome to the neighborhood”…and asked what I did. I said, “I’m a nurse. I work at NIH.” “Oh, what kind of work do you do?” “I work with AIDS research.” “If you do, I am surprised you even tell anybody about it.”*
>
> - *— Barbara Fabian Baird*

Barbara Fabian Baird Transcript

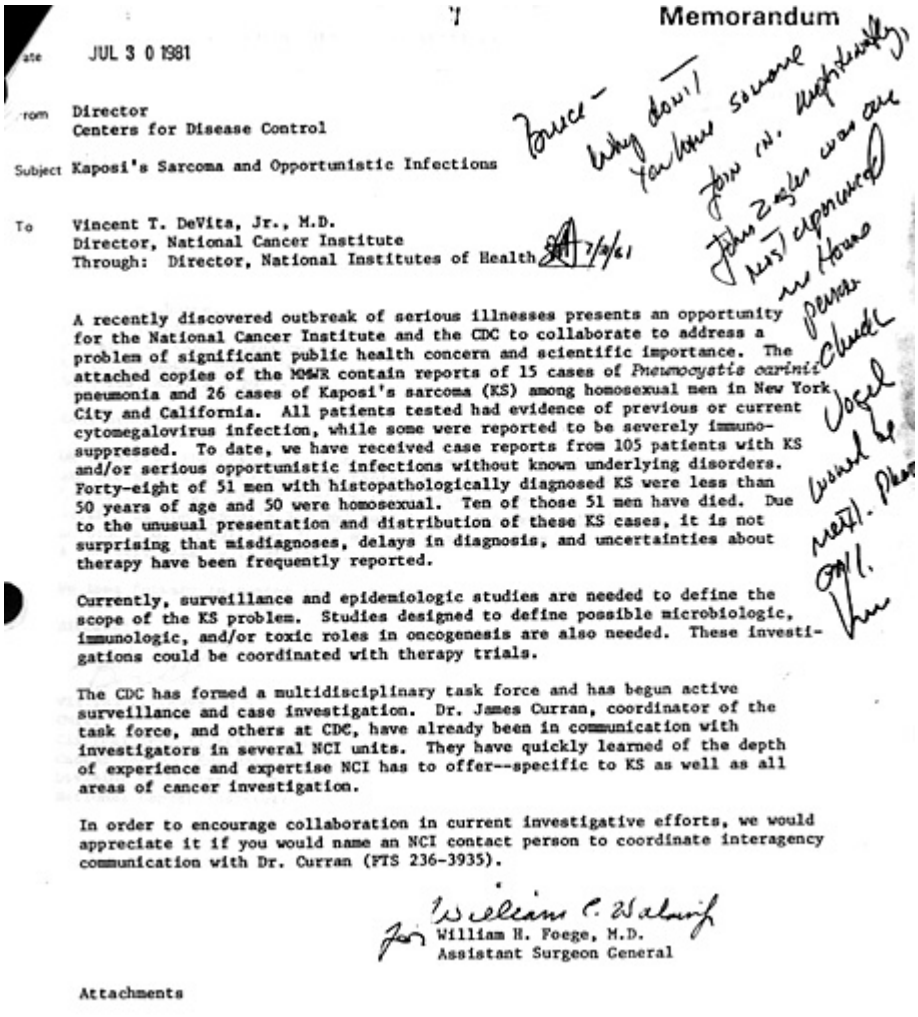
Drs. Lee Hall (left) and Anthony S. Fauci (right) examine participant in an early AIDS study

Healthcare worker takes a patient's pulse



Lung X-ray of patient shows infection with Pneumocystis carinii pneumonia

The purplish lesions of Kaposi's sarcoma were common among the patients with the new immune deficiency disease.



Memorandum

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rom Director
Centers for Disease Control

Subject Kaposi's Sarcoma and Opportunistic Infections

To Vincent T. DeVita, Jr., M.D.
Director, National Cancer Institute
Through: Director, National Institutes of Health 7/9/81

A recently discovered outbreak of serious illnesses presents an opportunity for the National Cancer Institute and the CDC to collaborate to address a problem of significant public health concern and scientific importance. The attached copies of the MMWR contain reports of 15 cases of *Pneumocystis carinii* pneumonia and 26 cases of Kaposi's sarcoma (KS) among homosexual men in New York City and California. All patients tested had evidence of previous or current cytomegalovirus infection, while some were reported to be severely immunosuppressed. To date, we have received case reports from 105 patients with KS and/or serious opportunistic infections without known underlying disorders. Forty-eight of 51 men with histopathologically diagnosed KS were less than 50 years of age and 50 were homosexual. Ten of those 51 men have died. Due to the unusual presentation and distribution of these KS cases, it is not surprising that misdiagnoses, delays in diagnosis, and uncertainties about therapy have been frequently reported.

Currently, surveillance and epidemiologic studies are needed to define the scope of the KS problem. Studies designed to define possible microbiologic, immunologic, and/or toxic roles in oncogenesis are also needed. These investigations could be coordinated with therapy trials.

The CDC has formed a multidisciplinary task force and has begun active surveillance and case investigation. Dr. James Curran, coordinator of the task force, and others at CDC, have already been in communication with investigators in several NCI units. They have quickly learned of the depth of experience and expertise NCI has to offer--specific to KS as well as all areas of cancer investigation.

In order to encourage collaboration in current investigative efforts, we would appreciate it if you would name an NCI contact person to coordinate interagency communication with Dr. Curran (FTS 236-3935).

for William H. Foege, M.D.
Assistant Surgeon General

Attachments

A 1981 memo from the CDC director requests the NCI to collaborate with the CDC on studies on Kaposi's sarcoma

Tip of the Iceberg